

SFLG ST FRANCIS LEPROSY GUILD

Compassion in Action, Sustaining Life & Hope



*Since 1895 relieving the suffering caused by leprosy
in over 80 centres around the world
Help us make leprosy a disease of the past*

ANNUAL REVIEW 2018

SFLG ST FRANCIS LEPROSY GUILD

Compassion in Action, Sustaining Life & Hope

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St. Francis Leprosy Guild, 73 St. Charles Square, London W10 6EJ

Tel: 020 8969 1345 enquiries@stfrancisleprosy.org

www.stfrancisleprosy.org

UK Registered Charity No. 208741

Donate at www.virginmoneygiving.com

Front cover:

This patient from Massatine, Liberia is unable to farm land but has set up a small stall selling soap, tissues and washing soap with funds from the Guild - see more on P.9

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Introduction from the President

I must begin with the sad news of the sudden death of our Administration Officer, Theresa Marcelle, on 2nd August 2017 after many years of devoted and loyal service to the Guild. Those of us who worked closely with Theresa will long remember her competence, commitment to the Guild, but most of all her unfailing cheerfulness. Please remember her in your prayers, as we remembered her at our annual Benefactors' Mass last October.

The Mass was held yet again by kind permission of Fr Andrew Cameron-Mowat sj, at the Church of the Immaculate Conception, Farm Street and our chief celebrant was a long-standing supporter of the Guild, the Rt Rev Peter Brignall, Bishop of Wrexham. Two of our medical elective students (fourth year medical students on their obligatory overseas elective placements, whom we support) Kristina Gallagher and Catriona Simpson spoke movingly and most informatively about their experiences observing leprosy in India at the reception following the Mass. If you do live within a reasonable distance of central London, may I encourage you to make every effort to support us again at the 2018 Annual Mass to be held on Thursday 4th October (see page 23).

The Guild has always made it very clear that we will never become an aggressive charity, like some of the very large charities whose misdemeanours led to the new General Data Protection Regulation (GDPR) being introduced by the government. Nevertheless the Regulation requires us, like all British charities, to ask our supporters if they still wish to receive communications from us. Please do let us know – if you have not received a form from us it requires only a quick email to enquiries@stfrancisleprosy.org with the heading "GDPR" and your name; or a short note posted to the office.

When the World Health Organisation (WHO) began providing the drugs that can cure leprosy there was an immediate and dramatic fall in new cases. But since 2005 the number of new cases reported to the WHO each year has remained stubbornly at about 200,000 and the numbers have even been rising in some places. Just the centres we support had to treat 2,311 new cases this past year. Independent research indicates that the reason why the rapid fall in numbers of new cases faltered was because of a decline in government action and public commitment once the WHO's "elimination" benchmark of one new case per 10,000 population was reached in 2000. In addition, as our discussions with other leprosy organisations, doctors and researchers have revealed, there are worries about the lack of funding for vital research and education. So, having been buoyed up with the hope that we were entering the final phase of our 123-year mission to alleviate the suffering caused by

leprosy, supported so loyally by you and all our other deeply committed supporters and benefactors over the years, we are facing a situation where much remains to be done on several fronts if leprosy is finally to be totally eradicated.

At the same time, your Executive Committee (the trustees of the Guild) became increasingly concerned by the fall in our annual subscription and donation income – down from £146,000 in 2010 to just £77,000 last year. We have been blessed beyond measure by those of our late supporters who have provided for us in their wills. Their legacies have saved us from having to reduce drastically our annual maintenance grants so far. But the falling trend seriously threatens our medium-term financial viability. The Guild therefore took prudent steps in 2016 to ensure that our reserves were capable of meeting a prolonged period of falling net income. However, that was a holding position, not a remedy.

We therefore undertook a stringent review last autumn, taking professional advice including on how best to increase our voluntary income while preserving our precious Catholic heritage, ethos and mission. The outcome was a "A Pilgrimage of Hope: a Strategic Review of the St Francis Leprosy Guild", with its Vision – Compassion in Action: Sustaining Life and Hope. After further work, our "Fundraising Plan 2018" was commended by the Guild's first ever Special General Meeting on 21st February 2018. Do read these documents, which are available on the website.

The first steps have now been taken, with the appointment of a new Director of the Guild, Kieran Kettleton, who has had an impressive career supporting charities including CAFOD, English Heritage and Emmaus UK. Our first priority, of course, remains the maintenance support for our leprosy centres, which has been our special "charism" since 1895. But, as I have described, times have changed and more needs to be done. We are in the process of re-joining the International Federation of Anti-Leprosy Organisations (ILEP) and will be considering what else we can do in our small way to help end the current stalemate in the battle to eradicate the disease. We will keep you updated on our progress. Meanwhile, if you would like to join us in this renewed endeavour, by continuing (or increasing) the financial support which we already value so highly, we will be so grateful. If you can help with your time, either at parish level or by offering your expertise in any way, there will be many opportunities to do so. Do please register your interest either through the website or by calling us on 020 8969 1345.

*With every blessing
Michael Forbes Smith*

Nurse Training in Dalli Rajhara, India

In 2017 the Guild sent an annual maintenance grant of £3,500 to Pushpa Hospital in Dalli Rajhara, which is a general hospital but has 20 beds reserved for leprosy patients. It is the only referral hospital in the area providing tertiary level leprosy care in addition to general health care. They encourage dependants of their leprosy patients to become self-sufficient by offering tailoring and nursing courses. Our grant also covers the day to day running of the centre by paying for food, medicines other than MDT which is provided free by the WHO, electricity bills etc Please help us to continue to assist this centre which is a beacon of light for leprosy sufferers and their families in Chhattisgarh state, Central India. Sr. Dr. Ancily Francis translated and sent in the following letter from one of the dependants in their care:



'I am Tarun, sister of Mr R who was a leprosy patient. I lost my father in my younger days. Then with much difficulty my mother brought us up and I studied up to 12th std. My brother was treated at Pushpa Hospital and cured.

On behalf of my brother, Sisters of Pushpa Hospital gave admission for my nursing and course training. At present I am a trainee in Pushpa Training School.

By doing the course after its completion, I can get a job and help my family. Thus through these Sisters at Pushpa Hospital, I have got a future, for which I am very grateful to my benefactors.'

Tarun
Pushpa Hospital Nursing Trainee



Sisters administer physiotherapy at Pushpa Hospital



A patient with type 2 leprosy - a more complicated case as he is likely to have a high level of leprosy bacilli and will need years of treatment

A Phoenix rises in Fathimanagar, India

The Guild has supported the Holy Family Hansensorium (HFH) in Fathimanagar, India for the past 15 years. New cases are reported yearly. The centre sent us this uplifting story:

K, we call her Kalpana the Phoenix, as her life itself resembling the so called legendary bird the phoenix. She has come out victoriously crossing over the hurdles of stigma, physical disability and the mental trauma of leprosy. As her two elder brothers were not educated due to poverty, her mother and brothers took much interest in educating her up to college level. She joined in Bsc Zoology but during the first year she developed deformities and had to stop her studies.

K developed her symptoms of leprosy at the age of five, a small skin lesion on her back. Her grandmother convinced it was a mole, a sign of wealth and luck for this little girl and everybody in the family believed her words. But she never revealed this patch on the back, to the health camp authorities, whenever they conducted visits whilst she was at school. As much as possible, she was trying to hide from her friends and class mates, fearing mockery.

When she was studying in 12th standard the size and number of skin lesions had increased. It spread all over the trunk, cheek, chin and extremities. They consulted a famous skin specialist in Trichy, and he was also the HOD of dermatology in GH. He diagnosed her as having leprosy and started treatment. She had taken one and half years regular treatment with him, without knowing for what purpose she is taking the medicines. Being a adolescent girl, it was not revealed to her by her family.

In course of time she joined in Bsc Zoology to pursue her studies in college. When she was in third semester accidentally boiling milk spilled on her right thumb and she was badly injured. The wound healed with much effort but she was not able to hold the pen to write. So she left her studies without attending third semester examination. Meanwhile she developed a ulcer on left index finger and she was referred to GH for disability management. There the physiotherapist found her with multiple deformities- left Foot drop ulcer and median paralysis of both hands. The GH physiotherapist took much interest and referred her to HFH where her left ulnar, left foot drop and left median thumb were all corrected.

On seeing her interest in learning, HFH started to support her educational endeavours. She completed her studies in Diploma in Agriculture for 2 years at College. Meanwhile she was taking other career based competitive examinations with strenuous effort unceasingly like the legendary Robert Bruce - the king. In 2017 she has been selected for the post of Assistant Agricultural Officer through Tamilnadu State Public Service Commission and simultaneously for a post of Junior Assistant in Tamilnadu Agricultural university, both the posts are Government jobs.

It is a reward for a girl of rural origin, with very poor economical background and with all the onslaught of leprosy and its deformities, we can very well call her Kalpana - the Phoenix. Truly it is a fighting spirit of a young girl, we witness here.

Self-Sufficiency in Luanshya, Zambia

The Chibote Rehabilitation Centre outside Luanshya, Zambia has been run by the Franciscan Missionary Sisters of Assisi who saw a need to care for leprosy sufferers since its inception in 1975. They now care for 30 adult patients and their children, as well as extended care to children and grandchildren of deceased leprosy sufferers who come to them for three meals a day. The Sisters encourage their patients to become self-sufficient through farming and poultry projects.



Everyone helps out with the maize shelling which is sold to keep the families self-sufficient

Mr Anderson who is married to a fellow leprosy sufferer is now 69 years old. He works the two acres of land that the Sisters have given him and had a bumper harvest of maize, sweet potatoes and groundnuts last year, all staples of the Zambian diet. He was able to keep back enough produce for his family of 6 children and 4 grandchildren and sell the rest and so become self-sufficient. The Sisters thank and pray for the benefactors of the Guild for this and many other success stories.

Vital Outreach Care from Morulem, Uganda

The Guild has supported the Morulem Health Centre for TB/Leprosy in the Kotido Catholic Diocese of Kampala, Uganda for over 12 years. The Centre is a general hospital with an extensive outreach programme supporting 87 leprosy patients in the community. These patients are given medical supplies, food and most importantly regular visits from the centre's staff as their own community has ostracised them. Sadly two of their children were killed by rebels. Mr Vincent has been helped with new prosthetic limbs and his



wife Marcelina has received new supportive footwear to cushion her ulcers on her feet. Both have lost fingers and Marcelina used to kneel to do the cooking as her feet were so painful. Mr Vincent says 'Though I no longer have fingers and both legs, I am happy that I am alive. I got cured completely. If I was to continue staying at home, I would be dead long time. Morulem made me alive up to today.'

Mr Vincent and his wife receive new limbs and footwear from the staff of the Morulem Health Centre

A New Home in Ossiomo, Nigeria



Mrs Victoria's new home is blessed by the local priest.

For the past 20 years the Guild has supported the Daughters of Charity run hospital and home at Ossiomo, Edo State. Apart from giving annual training to their staff in primary eye care (common health problem for leprosy sufferers) and disability inclusion awareness, the Sisters also support the higher education of many children and grandchildren of their patients. In the past year, they have also helped, with the support of the Guild to rehouse two former patients. Mrs Victoria was able to go back to her old neighbourhood to a new built house. Despite some problems with the foundations and surrounding swamps, she was able to move in at the beginning of 2017. The parish priest blessed her house and 'she danced in jubilation in expression of her utter gratitude and fulfilment.' In addition, the Sisters have helped her to set up a petty business selling food items, kerosene and soap. A further patient will be moving into a new home this year.

Rice Mill Generator in Massatine, Liberia

The Fathers of the Society of African Missions run a leprosy settlement outside Massatine, which the Guild has supported with a maintenance grant for the past 12 years. There are over 500 full time leprosy patients living under their care. By visiting local villages and towns and educating the residents about the signs and stigma of the disease, the health workers have found a further 53 new cases in the past year. The Guild funded a replacement rice mill generator in 2016 which assists the many families to not only live off the flour that is milled but also to sell the excess. This rice mill is maintained by a former patient. Another resident, Tommy arrived from Sierra Leone in 2014 and soon after began treatment. His wife and family were able to join him. He now has a small stall inside his house where he is able to sell batteries, matches, small radios, salt and food seasoning. Tommy told Father George: 'I depend on the St Francis Leprosy Guild funds for many things. The monthly funds help me to buy my children's slippers and clothes, soap and rice.'



An elective student's experience in Kuala Lumpur, Malaysia

Grace Wong spent her elective, supported by the Guild, in Hospital Kuala Lumpur from early May to early June:



Firstly, I would like to thank the St Francis Leprosy Guild for their generous support, allowing my elective experience in Kuala Lumpur to be made possible.

My gratitude is extended to the doctors at Hospital Kuala Lumpur who were extremely welcoming on my arrival and also the patients who kindly gave me their time to speak to them.

My aim for travelling to Malaysia was to learn about a wider variety of dermatological and infectious diseases, including Hansen's disease or leprosy, which is still common in this country. My elective was placed in Malaysia's capital city, at Hospital Kuala Lumpur for five weeks. I wanted to gain an understanding of what it is like to be a patient living with leprosy in such a diverse and bustling city. Additionally, I wanted to find ways in which I could contribute to the local community and improve care for patients with leprosy.

My first experience at the hospital was unforgettable. I walked through the outpatient's dermatology department, past a crowd of patients in the

waiting room hoping to get a walk-in appointment. I was impressed by the vast number of clinic rooms that lined the corridor that were available specifically for leprosy clinics that ran from mornings to evenings, on most weekdays. This gave me an idea as to how prevalent this disease is in this country.

Shadowing a knowledgeable junior doctor, gave me the chance to speak to some of the patients before they were assessed in clinic. A memorable patient was a middle-aged man, newly-diagnosed with leprosy, who had classical leonine facies. This is where there is swelling and thickening of the skin on the face, especially around the eyes and nose, resulting in a lion-like face. When speaking to him, he appeared optimistic about his condition. It did not affect him in his daily life, and he was keen to continue working to support his wife and children. Despite leprosy being an infectious disease, it is rarely contagious. Only face masks were worn to see patients who had been newly diagnosed or detected with high levels of viable bacteria, who were advised to avoid crowded places, but could still continue living in the community.



Leprosy patient is diagnosed with classical leonine facies or lion-like face

Following this, another leprosy patient was brought in by wheelchair, clutching his knee and his face was in pain. On closer inspection his legs were covered with hypopigmented linear skin lesions, and exhibited erythema nodosum leprosum, an immune mediated complication of leprosy. He presented with a painful swollen knee, which was then investigated as septic arthritis. It was brought to my attention here, the multitude of different conditions that may arise alongside leprosy and the other health problems that patients are at higher risk of. This stresses the importance of regular assessment to avoid or treat any complications of leprosy.

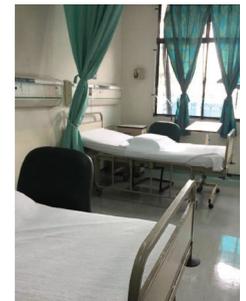


I was fortunate to attend a group counselling session for leprosy. A safe environment that allowed anyone in the room to come forward with questions. Despite their diverse backgrounds and beliefs, I felt that patients were extremely supportive of one another. It made me appreciate the great amount of help that they receive from doctors, nurses and support workers at the hospital. For some, their lives were debilitated by this disease and could not live the life they used to. They expressed embarrassment by the appearance of their skin and I could

see they felt isolated from society. The doctor in charge of this session provided much support and empathy for these individuals. By simply talking through their issues, I believe this did much to elevate their spirits. This reminds us how important it is to treat the individual and not the disease, furthermore looking holistically at all aspects of their life to decide on what treatment and support is most suitable for them.

Overall, this elective has been a valuable opportunity for me to experience practising medicine in a different country. I am now more inspired to further my career in dermatology, with an interest in leprosy and communicable skin diseases. In the future, I hope to be able to travel to different parts around the globe, especially rural areas, where improved healthcare to treat leprosy is in demand. Counselling for leprosy patients should also not be overlooked, as I have seen the ways in which it has been used to uplift an individual and provide much needed support.

My take home message to all is that leprosy, unlike other dermatological conditions, is more than just skin deep, but has a profound impact on all aspects of the individual's life.



Grace Wong
SFLG Elective Student

New Centres need our help!

Karunalaya Leprosy Care Centre, Puri, India:

This is the second year that the Guild has sent a grant. The nurses treat up to 35 patients daily who need their ulcers washed and dressed, as well as distributing MDT medication.



St Anthony's, Prakasam, Andhra Pradesh, India:

2017 was the first year that the Guild sent a grant to this settlement. The patients received clothing, shoes and medicines, as well as covering the educational costs of their children.



Bombay Leprosy Project, Mumbai, India:

Again a new centre to support. This clinic covers the Greater Mumbai area including the largest slum in Asia. They recorded over 200 new cases last year, including 10 children.

As do our partners!



St Theresa's, Thayet Myo, Myanmar

The Sisters of Our Lady of the Missions visit elderly leprosy sufferers in their villages, bringing them clothing, food and medicines

St Joseph's Hospital, Dindigul, India:

The Missionary Sisters of the Immaculate Heart of Mary visit their former leprosy sufferers. Mr P receives a cutting and drilling machine for his carpentry work.



Marian Rehabilitation Home, Eleme, Rivers State, Nigeria:

The Guild helped support new prosthesis for two patients at Eleme. Once they tried on their new limbs, they went home happy!

How we shared

your donations in 2017

AFRICA		£	ASIA		£
DR Congo	DUBIE	1,750	Bangladesh	DHANJURI	13,500
Egypt	ABU ZAABAL	5,500	China	MACAU	3,000
Ghana	CAPE COAST	2,500	China	MOXI	2,500
Liberia	GANTA	6,000	India		
Liberia	MASSATINE	5,500	<i>Orissa</i>	BARGARH	4,000
Madagascar	MARANA	5,500	<i>Maharashtra</i>	BOMBAY	4,000
Nigeria	ABAKALIKI	9,000	<i>Kerala</i>	CHERTHALA	2,500
Nigeria	ABEOKUTA	1,500	<i>Chhattisgarh</i>	DALLI RAJHARA	
Nigeria	AKURE	4,500			4,000
Nigeria	ELEME	4,000	<i>Tamil Nadu</i>	DINDIGUL	4,000
Nigeria	OGOJA	4,000	<i>Tamil Nadu</i>	FATHIMANAGAR	
Nigeria	OSSIOMO	4,000			6,000
Nigeria	YAKOKO	1,500	<i>Jharkand</i>	JARANGDIH	6,000
Tanzania	MISUFINI	1,500	<i>Karnataka</i>	KANKANADY	4,000
Tanzania	PEMBA	2,053	<i>Pondicherry</i>	KARAIKAL	1,750
Tanzania	UPENDO	3,000	<i>Tamil Nadu</i>	KOVILOOR	4,000
Uganda	ARUA	2,500	<i>Tamil Nadu</i>	KUMBAKONAM	
Uganda	BULUBA	5,000			6,000
Uganda	MORULEM	3,000	<i>Orissa</i>	MUNIGUDA	9,000
Uganda	NYENGA	2,500	<i>Kerala</i>	NEDIYANCODE	6,000
Zambia	LUANSHYA	2,000	<i>Maharashtra</i>	NIMBHORA	4,000
Zambia	MANGANGO	1,000	<i>Andhra Pradesh</i>	NUZVID	3,500
Zambia	SANDOA	2,000	<i>Andhra Pradesh</i>	PEDANA	4,000
Zambia	SICHILI	1,000	<i>Andhra Pradesh</i>	PRAKASAM	4,000
Total	AFRICA	£78,303	<i>Odisha</i>	PURI	4,000
			<i>Chhattisgarh</i>	RAIPUR	4,000
			<i>Jharkan</i>	SAKTI et al	4,500
			<i>Kerala</i>	TRICHUR	2,000
			<i>Tamil Nadu</i>	TUTICORIN	7,000
			<i>Tamil Nadu</i>	VYASARPADI	4,500
Total	SOUTH AMERICA	£10,500			

		£
Myanmar	LOILEM	4,000
Myanmar	THAYET MYO	4,000
Nepal	POKHARA	8,000
Pakistan	KARACHI	7,000
Philippines	ILOILO	1,500
Sri Lanka	BADULLA et al	7,500
Thailand	RONPHIBUN	4,000
Vietnam	QUI HOA	7,000
Total	ASIA	£164,750

TOTAL MAINTENANCE GRANTS

£253,553

GRANTS FOR SPECIAL PROJECTS

0

EDUCATIONAL GRANTS FOR MEDICAL STUDENTS

Grace Wong	To Malaysia	500
Cajetan Skowronski	To Nepal	500
Catriona Simpson	To India	500
Kristina Gallagher	To India	500
TOTAL EDUCATIONAL GRANTS		£ 2,000

TOTAL MAINTENANCE, PROJECT AND EDUCATIONAL GRANTS
£255,553

Incoming resources

2016 £	Statement of Financial Activities	2017 £
	Incoming resources from generated funds	
	Voluntary income	
77,047	Subscriptions and donations - unrestricted	68,472
7,411	Church collections and donations	4,269
59,339	Legacies	186,511
81,925	Trust Income	1,525
225,722		260,777
	Investment income	
268	Bank interest	1,114
31,699	Other investment income	28,919
66,303	Unrealised surplus on investments	40,227
(3,073)	Realised surplus/loss on investments	6,601
95,197		76,861
£320,919	Total incoming resources	£337,638

Resources expended

2016 £		2017 £
4,963	Costs of generating voluntary income	3,396
	Charitable activities	
279,253	Maintenance grants	253,553
17,466	Special grants for projects	0
450	Educational grants	2,000
297,169		255,553
54,310	Support costs	42,568
351,479		298,121
3,000	Governance costs - Independent Examiners fee	1,500
0	Consultancy Fees	11,524
359,442	Total resources expended	314,541
(38,523)	Net incoming (outgoing) resources	23,097

Reconciliation of funds

1,087,125	Fund balance brought forward at 1st January 2017	1,048,602
£1,048,602	Fund balance carried forward at 31st December 2017	£1,071,699

2016 £		2017 £
92,089	Current assets	86,924
959,168	Bank balances	963,149
11,232	Investments	47,963
	Accrued income and prepayments	
£1,062,489		£1,098,036
(4,387)	Creditors - amounts falling due within one year	(3,837)
(9,500)	Accrued liabilities	(22,500)
	Commitment for future grant payments	
(13,887)		(26,337)
=====	Net current assets	=====
£1,048,602		£1,071,699

These summarised accounts are not the statutory financial statements but are extracted from the Independently Examined annual accounts on which the Independent Examiner's report was unqualified. The full Trustee Report and Accounts were approved by the Trustees on 11th April 2018 and will be submitted to the Charity Commission. For further information the full Trustee and Accounts and the Independent Examiner's Report should be consulted. Copies of these may be obtained from the address set out on page 2.

Signed on behalf of the Trustees

Chris Wyatt (Trustee and Hon. Treasurer)

11 April 2018

Every little helps.....



New Hope Centre in Muniguda, Orissa, India has received help from the Guild for many years. Last year the grant was partly used for Eye Cataract operations. Last summer they suffered from drought. Three buffalo stamped around the colony well and it collapsed. In the drama one patient lost her home - made of simple mud, leaf and scrap tin with a plastic roof structure, but nevertheless her 'home'. It was a good excuse for her to come and stay at the Centre which she did but she insisted on having her hut rebuilt! A humble request from one of our leprosy sufferers. She was truly given 'New Hope'.

An interview with Dr Tony from the Purus River region of the Amazon, Brazil



Dr Tony greets Sr Helen at the Guild's offices recently

Dr Tony Lopez Gonzalez or Dr Tony as she is known, visited the Guild offices recently to tell us of her work among the leprosy sufferers of the Amazon, where she has lived and worked for 25 years. Originally from Spain, she has now learnt 4 or 5 indigenous languages to communicate with her patients who live over a vast area, reached only by boat.

How did you become interested in working with leprosy sufferers?
I can say since I was a child, I always dreamed of working with tropical diseases with a special interest in Hansen's disease. (leprosy)

How did you come to work in the River Purus region of Brazil?
When I finished university, I won a grant to travel to a country where there was a tropical disease epidemic, so I choose Brazil and when I arrived at Rio Branco, I was told that the River Purus was called 'the hell of the Hansen's', so I decide to travel there and I have lived there until today.

How do you find new cases and how many do you find per week?
I find new cases by traveling from community to community and examining everyone in the villages. It depends, sometimes I find ten new cases, or one, but every week we find new cases.

How do you treat them?
We treat them with MDT (multiple drug therapy), but some people have a problem when they take the medication as their immune system is low. The drug is very strong, so we give them food and natural vitamins.

Are you able to treat them with natural medications?
No, the bacillus is treated with MDT, but when they begin to have natural medications, such as multimistura (multivitamins), we have good results, the vitamins strengthen the immune system.



By boat, is the only way to visit remote communities along the river



Dr Tony frequently visits families to identify early symptoms

If a patient is suffering with another illness such as malaria or TB, does this effect the leprosy treatment?
It slows the leprosy treatment and sometimes it is ineffective.

How is a patient treated when he or she goes back into his or her community?
Hansen's is bad news for everyone, but now that every family in the community has people who suffer Hansen's disease, they are accepted.



Have you seen a change in recent years with symptoms?
YES, today we combat the neural Hansen's, which when diagnosed and treated is very difficult. The patients are very worried because they don't understand their new symptoms, so sometimes they don't want to take the medication.

What is your biggest obstacle?
The people living in these communities are very isolated, so we have to travel frequently to be able to make an early diagnosis.

What are your plans for the future?
My plans for the future are to work very hard for the eradication of Hansen's disease with my team, so I have many dreams: to have a new hospital boat, to create a laboratory to investigate about Hansen's disease, new Health Schools where people learn about prevention, and the orthopaedic program. We make orthopaedic devices which help people who have had amputations to be independent. These projects are important for changing their future.



*'I want to contribute to the eradication of Hansen's disease in the world'.
Dr Tony Lopez Gonzalez*

How you can help us continue our work

- Pray for those suffering from leprosy and for those who care for them
- Remember the Guild in your will - every gift in every will however large or small will make a difference to the families we support who are experiencing leprosy now and in the future
- Commemorate a deceased relative or friend by sending their name and a donation to the Guild using the form opposite or via the Guild's website www.stfrancisleprosy.org using Virgin Money Giving or CAF Donate
- Make a regular, ideally monthly, donation to the Guild by standing order - no matter how small your regular donation it will really help the Guild support those who need our help
- Make individual donations by using the form on page 21 or via the Guilds website www.stfrancisleprosy.org using Virgin Money Giving or CAF Donate
- By signing the Gift Aid declaration on page 21 you can add 25% to your donation at no extra cost to you
- Mark World Leprosy Day in your diary and organise an appeal in your Parish perhaps by organising a coffee morning or other event - World Leprosy Day is the last Sunday in January
- Ask your friends if they have bank notes left over from foreign trips and ask your Parish Priest if any foreign notes have been given in the offertory - we can convert any currency into funds we can use in our mission
- Pass this Review on to a friend after you have read it or leave it at the back of your church for others to read. If you know of anyone who would like to receive copies of our Annual Review directly please let us know!
- Take part in a fundraising event like a charity walk or run.
- Join us on Thursday 4th October at our Annual Mass at The Church of the Immaculate Conception, Farm Street, London - see details on page 23
- Put on a quiz night, charity dinner or even a sponsored walk in your local parish, school or community in aid of the Guild. We could advertise it for you on our facebook page too!



YOUR DONATION

Name

Address

..... Postcode

Email

I enclose a gift of £.....

I enclose cheque / postal order / CAF voucher payable to 'St Francis Leprosy Guild'

OR please charge my CAF Charity Card:

Number: Expiry Date:

Signature: Date:

This gift is in loving memory of

GIFT AID *giftaid it*

Your gift could be worth 25% more.
Simply write your name and signature below.

I am a UK taxpayer and understand that if I pay less Income tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.

Full name

Signature

Date

N.B. You must be paying as much in income tax and/or capital gains tax each year as the Guild reclaims on your donation. Please let us know if your circumstances or address details change.

BANKERS ORDER

Your Bank

Bank Address

..... Postcode

Bank Sort Code - -

Your Account

Please pay St Francis Leprosy Guild (account 00007097 sort code 40-52-40) at CAF Bank, Kings Hill, West Malling, ME19 4TA the sum of £

monthly quarterly yearly

Starting on/...../2018 until further notice

Your Name

Your Address

.....

Postcode

Signature Date

Please fill in the appropriate section(s) of this form and send it to:

The Treasurer, St Francis Leprosy Guild, 73 St Charles Square, London W10 6EJ

Registered Charity 208741

Visit to the Shrine of Saint Damian



In early May 2017, the President of St Francis Leprosy Guild, Michael Forbes Smith and Dr Gosia Brykczynska visited the shrine of St Damian of Molokai in Leuven, Belgium. They prayed at the shrine of St Damian, on his feast day, 10 May, for all leprosy patients and our supporters.

Father Damian was born in Tremelo, not far from Leuven and he entered the religious order of The Sacred Hearts' Fathers in Leuven. He was sent to work as a missionary in Hawaii and from there he volunteered to act as chaplain to the exiled leprosy patients on the island of Molokai. After his premature death in 1889, from having contracted leprosy, his body was eventually returned to Belgium, where he was given a national burial. He now lies in a splendid tomb in the crypt of St Anthony's church of the Sacred Hearts' Fathers in Leuven, a place he knew well from his seminary days.

It was the story of St Damian and his work with leprosy patients which inspired a generation of missionaries and healthcare workers to go to far flung countries and look after abandoned leprosy patients. Today that great work still continues, thanks to your generosity.

Gosia Brykczynska

Sad Farewells

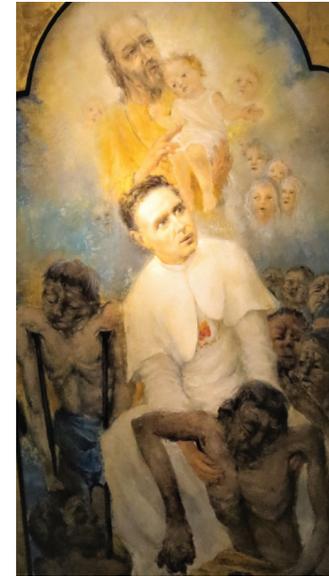
The Guild has suffered in the past year with the unexpected news of the death of our Admin Officer of over 4 years, Theresa Marcelle in August. Many of our supporters will know her through her joyful voice at the end of the telephone or by corresponding via email. Just before she died, she left a detailed email of work to be done whilst she was in hospital. Sadly that operation was cancelled at the last minute and she died a few days later. RIP



A few days later, the Guild received the sad news that Dr Ruth Pfau had died in Karachi, Pakistan. The Guild has supported the Marie Adelaide Leprosy Centre for many years which is named after the co-founder of the Daughters of the Heart of Mary that Dr Pfau was a religious member of and came to run. She was affectionately known as Sister Subah Sham (Sister Morning Evening) as these were the first two Urdu words that she learnt on arriving in Pakistan in 1960, whilst giving out medicines. RIP

Obituaries

Please pray for missionaries and lay people engaged in leprosy work; for the victims of leprosy and their families who faithfully pray for you; for friends and benefactors of the Guild, living and dead, and especially for the repose of the souls of those who have died:



*St Damian of Molokai
from his shrine in Leuven, Belgium*

Mrs T. Adlard, *Buckden*
Mrs E.M. Akeburn, *Sheffield*
Mr. J. Anderson, *Surrey*
Keith S. Anderson, *Broadstairs*
Mrs B. Chambers, *London*
Mary Cox, *Surrey*
Mary Darling, *Liverpool*
Ms Cecilia Ann Davies, *Galway Bay*
Veronica Garvey, *Liverpool*
Madge & John Gorman, *Glasgow*
John Michael Greene, *Macklesfield*
Mrs Pamela Hand, *Dublin*
Mrs Mary S. Harding, *Dunfermline*
Eileen Holmes, *London*
Mrs C. McLarty, *Glasgow*
Mr. J.T. McMullan, *Croydon*
Mr M. McRoberts, *Glasgow*
Mr Robert G. Quinn, *Canterbury*
Eileen Ellen Rhodes, *Co Down*
Mrs M.A. Roseberg, *London*
Mr A Rothmine, *South Shields*
Lee John Taylor, *Birmingham*
William Woodhead, *Nottingham*
Bertram & Arthur Wragge, *Workshop*

Annual Mass of Thanksgiving

Rev Simon Nguyen, Chaplain to the Vietnamese Community
will celebrate Mass
on Thursday 4th October (Feast of St Francis) at 6pm
Church of the Immaculate Conception (Farm Street) London W1
Followed by a reception and presentation
by our medical elective students
All welcome



Dr Tony (centre) with children from the River Purus region in Brazil thanking the Guild for your support (see pages 18-19)

St. Francis Leprosy Guild, 73 St. Charles Square, London W10 6EJ
Tel: 020 8969 1345 enquiries@stfrancisleprosy.org
www.stfrancisleprosy.org
UK Registered Charity No. 208741
Donate at www.virginmoneygiving.com